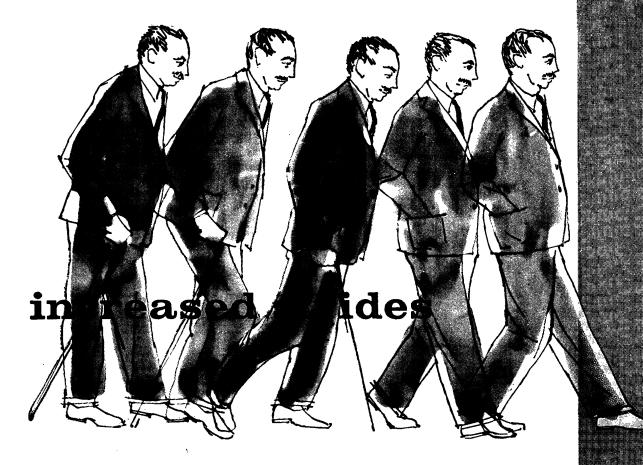


#### just two tablets at bedtime

for gratifying
rauwolfia response
virtually free from side actions

Rauwiloid\*





#### in rheumatoid arthritis

on only 12 mg. daily average maintenance dosage†

## **METICORTELONE**°

prednisolone

- ... rapidly reduces swelling, tenderness and pain on motion
- ... overcomes disabling muscle spasm
- ...maintains therapeutic benefits by minimizing sodium retention, edema and hypokalemia associated with older corticosteroids

Tin rheumatoid arthritis—daily maintenance dosage averages only 12 mg. (may be as low as 5 mg.) after initial suppression of symptoms

#### "Meti"\*steroids mean minimal maintenance dosage

dosage: In rheumatoid arthritis—initially 20 to 30 mg. a day until favorable response is obtained. Dosage is gradually reduced by 2.5 to 5 mg. daily until maintenance levels between 5 and 20 mg. are reached. Buff-colored tablets of 1, 2.5 and 5 mg.

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# For the complications of Asian flu



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provides Gantrisin plus penicillin in a single tablet.... for control of both gram-positive and gram-negative secondary

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for pain ⇒spasm of the upper G.I. tract

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Brand.of Piperidolate HCl

visceral eutonic
relieves gastroduodenal.
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-usually in 10 minutes



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Brand of Pipenzolate Methylbromide

cholinolytic
normalizes motility
and secretion; prolongs
remissions, curbs
recurrences



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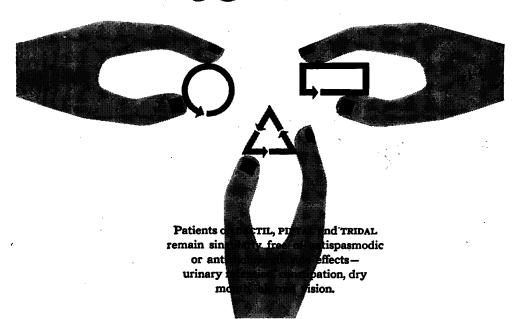
tablet

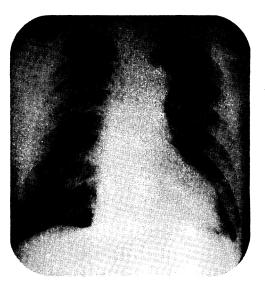
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(DACTIL+PIPTAL-in one tablet)

rapid, prolonged relief throughout the G.I. tract







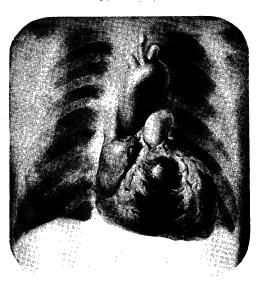
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Moderate left ventricular enlargement with prominence and calcification of aortic knob.

Taken from While Laboratories' Technical Exhibit, American Medical Association, 105th Annual Meeting, Chicago, June 11-15, 1956.



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\*HARRIS, R., AND DEL GIACCO R.R.: AM HEART J. (AUG.) 1956, BIBLI-OGRAPHY ON REQUEST



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1. Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. Med. 53:2233, 1953. 2. Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951. 3. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surgery 18:512, 1949. 4. Sobel, A. E.: Scientific Exhibit, A.M.A. Meet, 1955. 5. Marks, M. M.: Missouri Med, 52:187, 1955.

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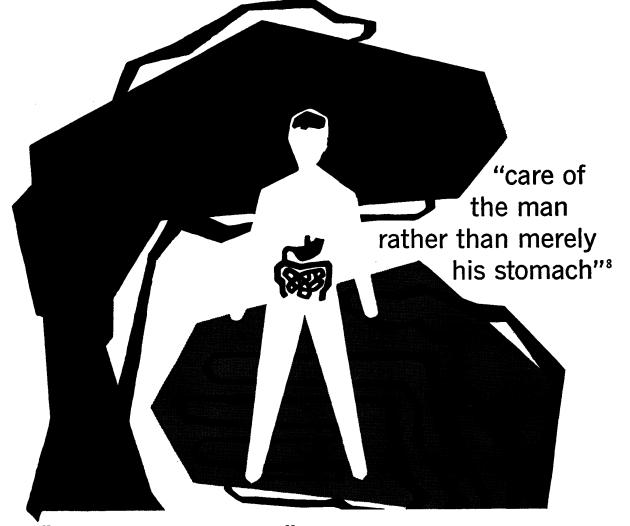
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references: 1. Altschul, A. and Billow, B.: The clinical use of meprobamate. (Miltown\*). New York J. Med. 57: 2361, July 15, 1957. 2. Atwater, J. S.: The use of anticholinergic agents in peptic ulcer therapy. J. M. A. Georgia 45:421. Oct. 1956. 3. Borrus, J. C.: Study of effect of Miltown (2-methyl-2-n-propyl-1,3-propanediol dicarbamate) on psychiatric states, J. A. M. A. 167:1596, April 30, 1955. 4. Cayer, D.: Prolonged anticholinergic therapy of duodenal ulcer. Am. J. Digest. Dis. 1:301, July 1956. 5. Marquis, D. G., Kelly, E. L., Miller, J. G., Gerard, R. W. and Rapoport, A.: Experimental studies of behavioral effects of meprobamate on normal subjects. Ann. New York Acad. Sc. 67:701, May 9, 1957. 6. Phillips, R. E.: Use of meprobamate (Miltown\*) for the treatment of emotional disorders. Am. Pract. & Digest Treat. 7:1573, Oct. 1956. 7. Selling, L. S.: A clinical study of Miltown\*, a new tranquilizing agent. J. Clin. & Exper. Psychopath. 17:7, March 1956. 8. Wolf, S. and Wolff, H. G.: Human Gastric Function, Oxford University Press, New York, 1947



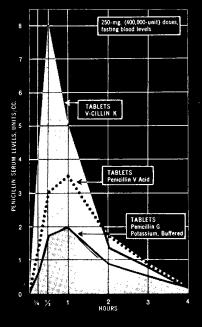
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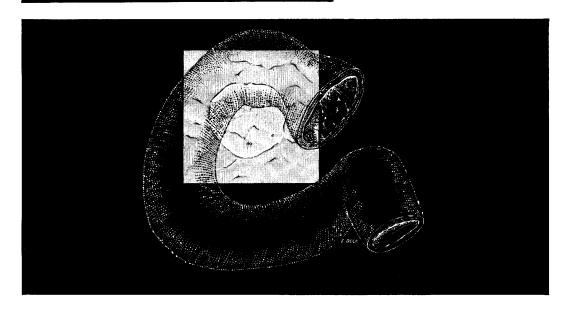


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G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

<sup>1.</sup> Lichstein, J.; Morehouse, M. G., and Osmon, K. L.: Am. J. M. Sc. 232:156 (Aug.) 1956.

<sup>2.</sup> Sun, D. C. H., and Shay, H.: Arch. Int. Med. 97:442 (April) 1956.

<sup>3.</sup> Rafsky, H. A.; Fein, H. D.; Breslaw, L., and Rafsky, J. C.: Gastroenterology 27:21 (July) 1954.

<sup>4.</sup> Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: Gastroenterology 25:416 (Nov.) 1953.

<sup>5.</sup> Silver, H. M.; Pucci, H., and Almy, T. P.: New England J. Med. 252:520 (March 31) 1955.

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references: 1. Carne, S.: Brit. M. J. 2:827 (Oct. 6) 1956.

 Giordano, A. S.; Pope, J. L., and Hagan, B.: Am. J. M. Technol. 22:29, 1956.



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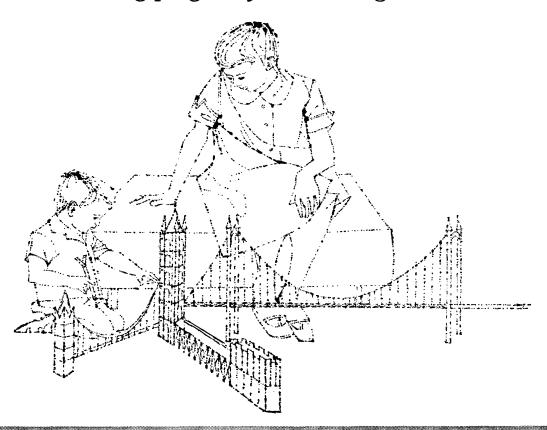
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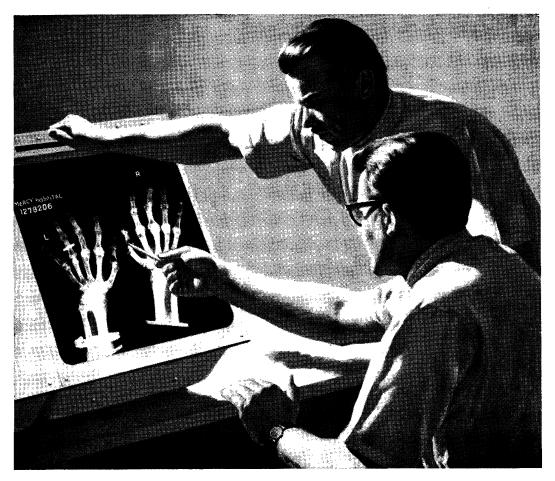
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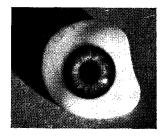
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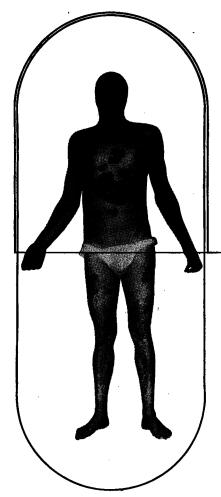
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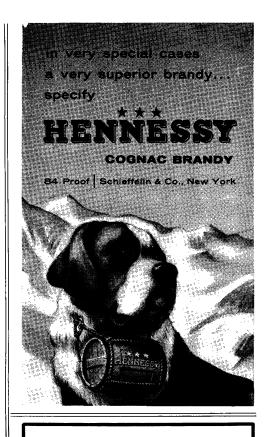
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Pain and tenderness relieved. Mobility increased. Swellings diminished or disappeared. Muscle strength improved. Rheumatic nodules often disappeared. Even severe or advanced deformity improved. *Active* inflammatory process usually subsided and joint effusion diminished.

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Patients felt and looked better. Exercise tolerance increased. Walking speed and hand grip improved.

#### LABORATORY EFFECTS:

E. S. R. often fell slowly and hemoglobin level rose gradually.

#### ANALGESICS AND STEROIDS:

Requirements usually reduced or eliminated.

**Dosage:** Aralen is cumulative in action and requires four to twelve weeks of administration before therapeutic effects become apparent. The usual adult dose is 250 mg. daily. If side effects appear withdraw Aralen for several days until they subside. Reinstate treatment with 125 mg. daily and, if well tolerated, increase to 250 mg.

If medication is withdrawn, a relapse, if it occurs, will usually be manifest within 3 to 12 months. Resumption of therapy, as above, is generally again effective.

#### Supplied:

Aralen phosphate: 250 mg. tablets in bottles of 100 and 1000. 125 mg. tablets in bottles of 100.

Write for booklet discussing clinical experience, tolerance, precautions, etc., in detail.



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**Exertion leads to attacks...** and fear of attacks leads to an increasing restriction of activities. Ultimately, even the attack-free intervals may lose all semblance of normal living.

Remove the fear factor. In 4 out of 5 patients, routine prophylaxis with Peritrate reduces the incidence and severity of anginal attacks, improves abnormal EKG tracings and increases exercise tolerance.

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Peritrate prophylaxis is simple: 10 or 20 mg. before meals and at bedtime. The specific needs of most patients are met with Peritrate's five convenient dosage forms: Peritrate 10 mg. and 20 mg. tablets; Peritrate Delayed Action (10 mg.) for protection continued through the night; Peritrate with Phenobarbital (10 mg. with phenobarbital 15 mg.) where sedation is also required; Peritrate with Aminophylline (10 mg. with aminophylline 100 mg.) in cardiac and circulatory insufficiency.

Usual Dosage: A continuous schedule of 10 to 20 mg. before meals and at bedtime.

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(brand of pentaerythritol tetranitrate)

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With Mysteclin-V you get faster and greater absorption of tetracycline than ever attainable in the past... providing all the benefits of well-established tetracycline therapy. For practical purposes, Mysteclin-V is sodium-free.

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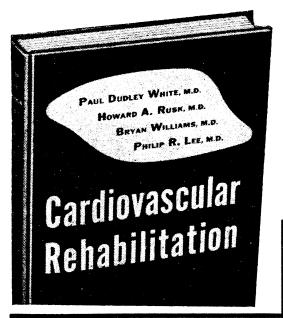
Mycostatin in Mysteclin-V prevents gastrointestinal monilial overgrowth, thereby minimizing the possibility of antibiotic-induced monilial superinfection.

Supply	Tetracycline phosphate complex, equiv. to tetracycline HCI (mg.)	Mycostatin (units)	Packaging	
Capsules (per capsule)	250	250,000	Bottles of 16 and 100	
Haif-Strength Capsules (per capsule)	125	125,000	Bottles of 16 and 100	
Suspension (per 5 cc.)	125	125,000	2 oz. bottles	
Pediatric Drops per cc.—20 drops	100	100,000	10 cc. bottles with dropper	

<sup>1.</sup> Childs, A. J.: British M. J. 1:660 (March) 1956.



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